UNITED STATES DISTRICT COURT

for the

Eastern District of New York

KAHANA ROSE EVA CHARLES,)))		
Plaintiff(s) v. CENTERS HEALTH CARE, LLC D/B/A BORO PARK)	Civil Action No.	1:24-cv-02199-NGG-JAM
CENTER FOR REHABILITATION AND NURSING, et al, (See attached rider) Defendant(s))))		

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) (See attached rider)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Phillips & Associates PLLC 45 Broadway Suite 430, New York, NY 10006

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 03/28/2024



BRENNA B. MAHONEY CLERK OF COURT

s/Tiffeny Lee-Harris

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:24-cv-02199-NGG-JAM

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

was ra	This summons for (no ceived by me on (date)	ame of individual and title, if an	ny)					
was ice	cerved by the on (aute)		·					
	☐ I personally served the summons on the individual at (place)							
			on (date)	; or				
	☐ I left the summons at the individual's residence or usual place of abode with (name)							
	, a person of suitable age and discretion who resides the							
	on (date)	•						
	☐ I served the summons on (name of individual) , who designated by law to accept service of process on behalf of (name of organization)							
			on (date)	; or				
	☐ I returned the sum	; or						
	☐ Other (specify):							
	My fees are \$	for travel and \$	for services, for a total of \$	0.00				
	I declare under penalty of perjury that this information is true.							
Date:		_						
	Server's signature							
		_	Printed name and title					
		_	Server's address					

Additional information regarding attempted service, etc:

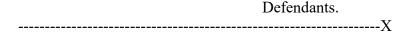
Print Save As... Reset

Full Caption

UNITED STATES DISTRICT COLEASTERN DISTRICT OF NEW Y	Docket No.	
KAHANA ROSE EVA CHARLES,		
	Plaintiff,	

-against-

CENTERS HEALTH CARE, LLC D/B/A BORO PARK CENTER FOR REHABILITATION AND NURSING, CYRINA BENJAMIN, In Her Individual and Official Capacities, DAVID GREENBERG, In His Individual and Official Capacities, LINDA PONCE, In her individual and Official Capacities, and BARBARA ELLIS, In Her Individual and Official Capacities, ISAAC SABO, In His Individual and Official Capacities,



TO: (*Defendants name and address*):

CENTERS HEALTH CARE, LLC D/B/A BORO PARK CENTER FOR REHABILITATION AND NURSING 4915 10th Ave, Brooklyn, NY 11219

CYRINA BENJAMIN 4915 10th Ave, Brooklyn, NY 11219

DAVID GREENBERG 4915 10th Ave, Brooklyn, NY 11219

LINDA PONCE 4915 10th Ave, Brooklyn, NY 11219

BARBARA ELLIS 4915 10th Ave, Brooklyn, NY 11219

ISAAC SABO 4915 10th Ave, Brooklyn, NY 11219